



# House of Delegates

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## Board of Directors Report: Policy Recommendations for the May 2024 Virtual House of Delegates

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# COUNCIL ON PHARMACY PRACTICE

## POLICY RECOMMENDATION

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*The Council on Pharmacy Practice is concerned with ASHP professional policies related to the responsibilities of pharmacy practitioners. Within the Council’s purview are (1) practitioner care for individual patients, (2) practitioner activities in public health, (3) pharmacy practice standards and quality, (4) professional ethics, (5) interprofessional and public relations, and (6) related matters.*

Jennifer Tryon, *Board Liaison*

### **Council Members**

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Anna Legreid Dopp, *Secretary*

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### **1. Prehospital Management of Medications**

- 1 To assert that variation in the prehospital management and use of medications is a risk to
- 2 patient safety and continuity of care; further,
  
- 3 To advocate for pharmacy workforce involvement in clinical and operational decision-
- 4 making for prehospital management and utilization of medications; further,
  
- 5 To encourage the pharmacy workforce to assume responsibility for medication-related
- 6 aspects of ensuring the continuity of care as patients transition from prehospital care to
- 7 other care settings; further,
  
- 8 To collaborate with stakeholders involved in prehospital medication-use cycle decisions
- 9 to improve patient safety, minimize variation, and reduce inefficiencies.

### **Rationale**

ASHP advocates that the pharmacy workforce “assume responsibility for medication-related aspects of ensuring the continuity of care as patients move from one care setting to another” (ASHP policy 2205). Prehospital management and utilization of medications varies greatly through patient emergency services, transport, and transfers. The pharmacy workforce has established clinical and operational expertise across the spectrum of medication use, which

would add value and safety measures to the prehospital management and utilization of medications. That expertise could inform decision-making regarding standardization, management of medication shortages, and prevention of medication errors, among other things. Ensuring pharmacy workforce involvement in these medication-related activities and decisions would optimize medication use, improving prehospital care and patient safety during emergent situations and patient transfers.

**Background**

The Council examined this topic in response to a recommendation from the 2023 House of Delegates. Council members noted that a similar gap in ASHP policy led to the development of ASHP policy 2317, Emergency Medical Kits, and agreed that an ASHP policy position was needed to fill this gap.

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# COUNCIL ON PHARMACY MANAGEMENT

## POLICY RECOMMENDATION

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*The Council on Pharmacy Management is concerned with ASHP professional policies related to the leadership and management of pharmacy practice. Within the Council's purview are (1) development and deployment of resources, (2) fostering cost-effective use of medicines, (3) payment for services and products, (4) applications of technology in the medication-use process, (5) efficiency and safety of medication-use systems, (6) continuity of care, and (7) related matters.*

Kim Benner, Board Liaison

### **Council Members**

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Jennifer Miles, *Vice Chair* (Florida)  
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Ellen Revak (Wisconsin)  
Kate Schaafsma (Wisconsin)  
Tara Vlasimsky (Colorado)  
Jason Wong (Oregon)  
Eric Maroyka, *Secretary*

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### **1. Supporting High Reliability in Pharmacy Practice**

- 1 To state that a commitment to the principles and science of high reliability, with the
- 2 goals of zero medication errors and zero harm, are foundational to pharmacy
- 3 excellence; further,
  
- 4 To encourage hospitals and health systems to commit to high-reliability principles;
- 5 further,
  
- 6 To encourage research that informs the creation of best practices in high reliability and
- 7 progress toward implementation of high-reliability principles in all pharmacy services.

### **Rationale**

High reliability is an ongoing process or an organizational frame of mind, not a specific structure. The Agency for Healthcare Research and Quality has outlined practical strategies for healthcare organizations aiming to become highly reliable in their [report](#) of practices employed

by hospitals in the High Reliability Organization Learning Network. This mindset is supported by [five characteristic ways of thinking](#): preoccupation with failure; reluctance to simplify explanations for operations, successes, and failures; sensitivity to operations (situation awareness); deference to frontline expertise; and commitment to resilience. High-reliability organizations work to create an environment in which potential problems are anticipated, detected early, and virtually always responded to early enough to prevent catastrophic consequences. The Joint Commission suggests that hospitals and healthcare organizations work to create a strong foundation before they can begin to mature as high-reliability organizations. Such foundational work includes developing a leadership commitment to zero-harm goals, establishing a positive safety culture, and instituting a robust process improvement culture. The Joint Commission also provides metrics and tools for assessing the maturity of an organization's leadership, safety culture, and process improvement culture as preconditions to high reliability. Structured analysis of work processes can eliminate inefficiencies, increase value-added time spent with patients, reduce staff stress, and optimize the use of supplies and other resources. Reliable information technology systems are critical to ensure care quality and improve efficiency in administrative and process measures. ASHP's [PAI 2030](#) includes a recommendation that states: "C9. Pharmacy should employ high-reliability principles when designing and selecting health information technology." Given the rising cost of healthcare and internal competition for finite capital dollars, it is important to identify solutions that will improve quality and safety while being fiscally responsible. Research is needed to evaluate tasks and processes to identify better approaches that will reduce waste, improve outcomes, and yield significant savings. Continuous improvement on the delivery of high-value care requires healthcare institutions to continually monitor and improve reliability and performance (see ASHP policy 2206, Continuous Performance Improvement).

### **Background**

The Council acknowledged the concept of high reliability is attractive for healthcare due to the complexity of operations and the risk of significant consequences when failures occur. Supporting high reliability in pharmacy practice to improve efficiency and reduce susceptibility to human error can aid in areas such as automating order entry and reducing paperwork; optimizing staffing levels and scheduling; managing equipment and resources; defining care protocols and providing clinical decision support; managing billing and revenue cycles; reducing adverse drug events and duplicate tests; and improving care coordination. The Council suggested that ASHP could help members by promoting knowledge-sharing about high reliability through education and publications and a value analysis through research. Development of a resource to help hospitals and health systems develop a strong foundation before they can begin to mature as high-reliability organizations (HRO) is desired. Some members of the Council stated the ASHP PAI 2030 Self-Assessment Tool addresses aspects of this but an HRO-specific resource would be of value.

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## SECTION OF COMMUNITY PHARMACY PRACTITIONERS POLICY RECOMMENDATION

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*The mission of the ASHP Section of Community Pharmacy Practitioners is to advance community-based pharmacy care by championing safe, equitable, and sustainable patient services. This will be accomplished by promoting practice and operational excellence, inspiring innovation, and fostering meaningful collaborations across the communities we serve.*

Pamela K. Phelps, *Board Liaison*

### **Executive Committee**

Ashley Storvik Boedecker, *Chair* (Wisconsin)  
Courtney Isom (North Carolina)  
Amanda Place (Indiana)  
Jordan Rush (North Carolina)  
Melissa Ortega (Massachusetts)  
Gabrielle Pierce, *Director*

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### **1. ASHP Statement on the Community Pharmacist’s Role in the Care Continuum**

- 1 To approve the ASHP Statement on the Community Pharmacist’s Role in the Care
- 2 Continuum (Appendix).

## ASHP Statement on the Community Pharmacist’s Role in the Care Continuum

### Position

1 The American Society of Health-System Pharmacists (ASHP) believes that community  
2 pharmacists are skilled clinicians who play an important role in the care continuum as equal,  
3 essential, and valued members of the healthcare team. Community pharmacists provide direct  
4 patient care, advance team-based care, manage patient-centered clinical services, and serve as  
5 leaders within their communities and health systems. Community pharmacists optimize care by  
6 providing educational consultations, medication safety and optimization services, chronic  
7 condition management, patient empowerment, wellness services, care coordination, and other  
8 services.

9 Community pharmacists lead teams that support patient access and safety through  
10 clinical care, medication preparation and dispensing services, regulatory compliance,  
11 operational efficiency, and integration services across settings of care. Further, community  
12 pharmacists lead, manage, and contribute to innovative practices and operations that advance  
13 pharmacy practice and contribute to financial sustainability.

14 The purpose of this statement is to recognize the patient-centered care services  
15 provided by community pharmacists and encourage healthcare leaders to utilize community  
16 pharmacists to the full extent of their expertise by continuing to integrate them across the  
17 continuum of care. This statement will describe current practice of health-system-based  
18 community pharmacy and identify future opportunities for practice advancement, though the  
19 patient-centered core responsibilities described are generalizable to all community pharmacy  
20 practice settings.

21 Community pharmacists should be recognized as medication experts and accountable  
22 partners for optimal health outcomes. ASHP urges community pharmacists and leaders to  
23 advocate for the value of community pharmacists to internal and external stakeholders so their  
24 outcomes-oriented clinical and business expertise is recognized.

### Background

25 Community pharmacies are found across an array of practice areas, including health systems,  
26 traditional retail sites, clinics, independent pharmacies, and integrated within ambulatory care  
27 settings. Community pharmacy ranks among the most frequent patient touch points in  
28 healthcare. More than 90% of Americans live within 5 miles of a pharmacy,<sup>1</sup> and patients visit  
29 their community pharmacist 12 times more frequently than their primary care provider.<sup>2</sup>

30 Patients can benefit from convenient access to healthcare services, and community  
31 pharmacy practitioners are uniquely positioned to take an active role in improving therapeutic  
32 outcomes and providing comprehensive and longitudinal patient-centered care. According to  
33 the Centers for Disease Control and Prevention, nearly half of Americans use at least one  
34 prescription medication each month,<sup>3</sup> and 40% of U.S. adults are managing two or more chronic  
35 conditions.<sup>4</sup> Innovative community pharmacy practices have the potential to significantly  
36 impact outcomes, such as reducing hospital readmission rates, preventing drug-induced harm,  
37 and increasing medication access and adherence.<sup>5-7</sup> Studies have also shown that community  
38 pharmacist-led interventions have a positive impact on a wide range of chronic diseases,  
39 including diabetes, cardiovascular disease, hyperlipidemia, and HIV/AIDS, and have

40 demonstrated a decrease in medical and healthcare costs.<sup>8-10</sup> As the healthcare landscape shifts  
41 toward a value-based framework, there is general agreement on the favorable impact of  
42 community pharmacists in increasing access to care and providing preventive health services.<sup>11-16</sup>

**Core responsibilities**

43 **Patient care.** Pharmacists practicing in community settings can both integrate into specific  
44 patient care teams and act as health and wellness advocates in their practice setting. Health-  
45 system-based community pharmacists have uniquely integrated tools, including electronic  
46 health record (EHR) access and communication methods, that facilitate these patient care  
47 activities. Community pharmacists are critical in ensuring that patients in the outpatient setting  
48 receive the medications they need through patient-centered dispensing, while also providing  
49 clinical services that optimize patient care and outcomes. The following encompasses many of  
50 the core clinical responsibilities of community pharmacists.

- 51 **1. Medication utilization reviews:** Patients may routinely seek care from many different  
52 sources and may or may not choose to use a single pharmacy for prescriptions.  
53 Community pharmacists are well positioned to utilize the information from their own  
54 system as well as information obtained from the patient and other pharmacy locations  
55 to compile a comprehensive medication list. Community pharmacists can then use this  
56 information to optimize the patient’s medication therapies. Optimization includes, but is  
57 not limited to, utilizing this list to ensure that each medication is an appropriate agent,  
58 prescribed at an appropriate dose and for an appropriate duration. Information  
59 elucidated in this broad-spectrum patient care approach can then be communicated to  
60 the patient’s entire healthcare team, reducing the risk for adverse outcomes related to  
61 incomplete understanding of the patient’s medication regimen.
- 62 **2. Medication access:** Community pharmacists identify and help resolve medication access  
63 barriers. No other care setting offers the opportunity to routinely identify and overcome  
64 barriers to medication access and appropriate use such as cost, availability, harm  
65 reduction (e.g., providing naloxone), and dosage form modifications. During dispensing  
66 and at the point of sale, community pharmacists have the opportunity to engage the  
67 patient in a discussion regarding affordability of and access to their medications. These  
68 discussions often incorporate a variety of resources, including manufacturer discount  
69 programs, therapeutic interchanges, and use of charitable resources. In some settings,  
70 community pharmacists assist with the prior authorization process as well. Programs  
71 offered by community pharmacies (e.g., medication bedside delivery in acute care  
72 settings and home delivery in ambulatory care settings) can overcome transportation-  
73 related access barriers. These services are part of a broader effort to improve health  
74 equity.
- 75 **3. Comprehensive medication management:** Community pharmacists are trained to  
76 assess and improve medication regimens. Community pharmacists provide cognitive  
77 services to patients that go beyond the dispensing-focused prospective drug utilization  
78 reviews, including comprehensive medication reviews, medication reconciliation, and  
79 chronic disease management. These services can be especially impactful for patients



80 experiencing transitions between acute and ambulatory care with a significant change in  
81 health status. In addition, community pharmacists integrate targeted services such as  
82 medication adherence support, therapeutic optimization, reversal agent access, and  
83 duplicative therapy adjustments into their daily workflow.

84 **4. Point-of-care testing and treatment:** Advances in technology have increased the  
85 availability of testing that can be done outside laboratories, increasing access and  
86 convenience for patients. The advent of direct-to-consumer testing, in addition to CLIA-  
87 waived testing, has spurred a need for healthcare professionals to assist in providing  
88 and/or interpreting test results, formulating next steps, and in some cases initiating  
89 appropriate treatment. Community pharmacists perform and/or interpret point-of-care  
90 testing, including patient-initiated pharmacogenomics testing, and assist patients in  
91 understanding their test results. This service may lead to provision of targeted  
92 treatment for acute infections or recommendations to modify medication regimens that  
93 can be shared with the patient’s other healthcare providers. Recognizing that not all  
94 patients with healthcare needs may be able to come to a pharmacy, community health  
95 screening events offer a mechanism for community pharmacists to identify patients in  
96 need of additional assessment and treatment for previously undiagnosed conditions  
97 (e.g., high blood pressure, hyperlipidemia, diabetes, chronic kidney disease).

98 **5. Preventive care provision:** Community pharmacists support patient wellness, both in a  
99 usual or daily setting and when patients can be exposed to new or potentially hazardous  
100 conditions. Wellness care involves preventive interventions (e.g., Medicare Wellness  
101 Visits, health screenings) or travel consultations to prepare travelers for pathogens and  
102 adverse conditions they may encounter abroad. Other preventive and wellness services  
103 may include provision of pre- or post-exposure prophylaxis against HIV infection or oral  
104 contraceptives. In addition, access to many different vaccines with different payer  
105 models is a unique aspect of community pharmacy that has increased patient access to  
106 vaccines. The COVID-19 pandemic highlighted the value of community pharmacists in  
107 ensuring that patients could easily receive recommended vaccines, and rates of routine  
108 immunizations have increased as community pharmacists have expanded vaccination  
109 services.<sup>17,18</sup>

110 **6. Patient and community education:** Community pharmacists have chosen to practice in  
111 a setting that enables them to be a resource for patient education on many different  
112 levels. This role includes not only patient education and counseling regarding specific  
113 medications, over-the-counter products, and complementary and alternative medicines,  
114 but also more comprehensive medication education (e.g., storage, appropriate  
115 administration, safe combinations with other medications or supplements,  
116 recommended disposal). Many community pharmacists and pharmacies offer programs  
117 that provide education and support for specific conditions, such as the Diabetes Self-  
118 Management Education and Support (DSMES) program.<sup>19</sup> Community pharmacists may  
119 be involved in identifying patients who struggle with substance use disorders and can  
120 offer resources and referrals to additional care providers. Pharmacists in this setting can  
121 also serve as educational resources for the broader community during health  
122 screenings, drug take-back events, and community wellness and outreach events. The

123 community pharmacist provides this education in a manner that is tailored to each  
124 patient’s educational needs, including language and health-literacy barriers.

125 **7. Medication safety:** Community pharmacists serve as advocates for the safe use of  
126 medications in many ways. The interventions of community pharmacists are highly  
127 impactful on patient safety, whether this is in implementation of the Institute for Safe  
128 Medication Practices Community Pharmacy Action Agenda items,<sup>20</sup> recognition and  
129 mitigation of dangerous drug-drug or drug-disease interactions, or ensuring a patient’s  
130 understanding of their medication regimen. Community pharmacists also support safe  
131 use of medications by working on a broader scale within their organizations or locations  
132 to perform continuous quality improvement processes and providing medication safety  
133 resources for other healthcare disciplines. Outreach to the community can raise  
134 awareness of the risks associated with medication misuse and can prevent harm.

135 **Operations.** In addition to core patient care responsibilities, community pharmacists are  
136 responsible for day-to-day operations of the pharmacy and ensuring compliance with state and  
137 federal laws and regulations, as well as accreditation standards. The following encompasses the  
138 core operations of the community pharmacy that the pharmacist manages or supports.

- 139 **1. Team supervision:** Community pharmacists oversee daily operations, including day-to-  
140 day staffing levels and maintaining appropriate pharmacist-to-technician staffing ratios,  
141 developing workstation and workflow expectations and optimizations, and supervising  
142 learners.
- 143 **2. Regulatory compliance:** Community pharmacists ensure compliance with all  
144 regulations, including all state and federal laws, Drug Enforcement Administration  
145 regulations, applicable United States Pharmacopeia (USP) standards (e.g., USP 795),  
146 340B program compliance as applicable, and additional requirements of accreditation  
147 and governing bodies.
- 148 **3. Record-keeping:** Community pharmacists maintain all records (e.g., inventory,  
149 dispensing) in compliance with the Health Insurance Portability and Accountability Act  
150 of 1996, state, and federal regulations.
- 151 **4. Inventory management:** Community pharmacists manage the pharmacy’s inventory to  
152 ensure the needs of the patients are served while preventing a surplus of inventory.  
153 Inventory management includes examination of inventory turns, proper security and  
154 storage of medications, and proper inventory management practices as it relates to the  
155 340B program. Additionally, community pharmacists navigate drug shortages.
- 156 **5. Fiscal management:** Community pharmacists manage billing, revenue cycles, inventory  
157 costs, labor, and operational expenses in a fiscally responsible way. Pharmacy leaders  
158 also develop annual budgets and create volume projections for the pharmacy.
- 159 **6. Compounding:** Compounding services can be offered to patients when individualized  
160 pharmaceutical products are not commercially available. If the community pharmacy is  
161 part of a health system, compounded nonsterile preparations available to patients when  
162 admitted to the hospital can be made available in the community pharmacy for  
163 continuation of therapy. Many community pharmacists are able to refer patients to  
164 sterile compounding facilities if needed.

- 165 **7. Program and protocol development:** Community pharmacies offer relevant services  
 166 such as vaccination and meds-to-beds services as applicable. Additional clinical services  
 167 may also be provided, such as medication synchronization, medication adherence  
 168 packaging, and medication delivery programs. Clinical services such as hormonal  
 169 contraception prescribing, smoking cessation, COVID therapeutics, and immunizations  
 170 may be provided through standing orders or collaborative practice agreements as  
 171 allowed by state and federal laws.
- 172 **8. Customer service:** Community pharmacists provide excellent customer service not only  
 173 to patients and customers but also to internal providers and stakeholders in the  
 174 organization. Pharmacists can connect with the patient’s providers to determine  
 175 alternatives in the event of a drug shortage, to navigate insurance restrictions as  
 176 needed, and to accommodate financial restrictions limiting patient access.
- 177 **9. Access to health data:** Community pharmacists utilize the patient’s EHR to ensure  
 178 comprehensive care for patients. Where EHR access is not available, community  
 179 pharmacists may pursue access to health information exchange platforms. Similarly,  
 180 community pharmacies may integrate their dispensing records into the patient’s EHR.
- 181 **10. Health literacy:** Community pharmacists promote health equity by recognizing and  
 182 accommodating the health literacy of their patients. Community pharmacists can  
 183 provide prescription labels and care notes in the patient’s preferred language or in the  
 184 preferred modality for visually or hearing-impaired patients, at an appropriate reading  
 185 level, and utilizing the patient’s preferred name.
- 186 **11. Drug disposal:** With the rise of the opioid epidemic and overdoses, some community  
 187 pharmacies serve as drug disposal sites, allowing patients to safely dispose of unwanted  
 188 medications.

189 **Expanded roles**

190 While the clinical and operational functions described above are fundamental in today’s  
 191 practice for community pharmacists, there are many opportunities to expand how community  
 192 pharmacists demonstrate value in providing direct patient care. Community pharmacists are  
 193 poised to expand their roles due to their accessibility, in-depth knowledge of the medication-  
 194 use process, and ability to quickly pivot and adapt to the changing healthcare landscape (Table  
 195 1).

196 **Table 1. Domains of opportunity for expanded community pharmacist roles.**

<p><b>Impacting Health Outcomes</b></p>	<ul style="list-style-type: none"> <li>• Expand the use of and design new collaborative practice agreements.</li> <li>• Provide access to point-of-care testing for a variety of disease states (e.g., influenza, group A <i>Streptococcus</i>, human immunodeficiency virus, hepatitis C, coronaviruses, oral contraceptives, and chronic diseases).</li> <li>• Engage patients in health and wellness initiatives (e.g., smoking cessation, weight management, asthma, chronic heart failure,</li> </ul>
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	<p>chronic obstructive pulmonary disease, diabetes, hyperlipidemia, hypertension, anticoagulation, medication adherence).</p> <ul style="list-style-type: none"> <li>• Promote preventive care such as establishing a primary provider and health screenings.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Incorporate learners at all levels by expanding opportunities for clinical rotation experiences and residency programs.</li> <li>• Continue to support technician education and advancement initiatives.</li> <li>• Encourage practitioners to meet the needs of evolving patient populations through gaining advanced clinical knowledge.</li> </ul>
<b>Health Equity</b>	<ul style="list-style-type: none"> <li>• Overcome barriers that cause health inequities in patient care.</li> </ul>
<b>Technology</b>	<ul style="list-style-type: none"> <li>• Identify how technology can be leveraged to create operational efficiencies in practice.</li> <li>• Expand or partner in developing precision medicine and pharmacogenomics opportunities.</li> <li>• Develop and evaluate artificial intelligence and cognitive support tools.</li> <li>• Support patients in their wellness journey by use of technology such as health apps, wearable devices, and other tools.</li> </ul>
<b>Patient-centric Models</b>	<ul style="list-style-type: none"> <li>• Perform ongoing evaluations of the patient-centered medical home model or hospital-at-home services.</li> <li>• Leverage technology to offer clinical services through in-person care, health applications, patient portals, and telehealth options.</li> </ul>
<b>Innovation</b>	<ul style="list-style-type: none"> <li>• Collaborate with clinicians to increase pharmacy-offered clinical services to alleviate provider burnout.</li> <li>• Enhance the patient experience by offering a team-based approach to the continuum of care.</li> <li>• Identify opportunities that not only advance patient care but also increase the pharmacy department’s financial contribution to the organization.</li> <li>• Continue to advocate for billing avenues and recognition of services by payers.</li> </ul>
<b>Public Health</b>	<ul style="list-style-type: none"> <li>• Evaluate and investigate community health issues.</li> <li>• Educate the community about public health.</li> <li>• Engage in organizational efforts to prepare and respond to emergencies which may include leadership roles on emergency managements teams.</li> <li>• Develop and implement programs related to medication and vaccine access.</li> <li>• Offer wellness, disease prevention, and treatment services (e.g. immunizations, antimicrobial stewardship, HIV prevention,</li> </ul>

	<p>diabetes prevention programs, hormonal contraception education, substance abuse prevention/treatment).</p> <ul style="list-style-type: none"> <li>• Support disease surveillance and monitoring initiatives (e.g. antiviral dispensing rates for infectious disease data trending, asthma inhaler use and environmental or air quality concerns)</li> </ul>
<b>Population Health</b>	<ul style="list-style-type: none"> <li>• Participate in the development of metrics to identify and care for specific patient populations.</li> <li>• Promote vaccine confidence within communities.</li> <li>• Extend services to virtual care and video visits.</li> <li>• Partner with clinicians, health plans, and health system leaders to understand value-based payment models and associated metrics.</li> <li>• Ensure effective chronic disease management that includes evidence-based medication optimization and monitoring.</li> <li>• Identify associated quality measures and develop initiatives to support or address open care gaps (e.g., order routine lab testing, ensure appropriate statin usage, and encourage eye exams for patients with diabetes).</li> <li>• Promote medication adherence and support initiatives to improve medication access.</li> <li>• Promote health equity by identifying and addressing Social Determinants of Health (SDOH) to reduce health care disparities.</li> <li>• Participate in transition of care services to reduce readmissions in target patient populations.</li> <li>• Support and promote cost-effective medication usage to control cost of healthcare</li> </ul>
<b>Research</b>	<ul style="list-style-type: none"> <li>• Pursue opportunities to participate in investigational drug research, including dispensing and counseling for commercial and investigational drugs within clinical trials.</li> <li>• Contribute to the body of literature by sharing results of outcomes-based research.</li> <li>• Encourage patient and clinician participation in research.</li> <li>• Contribute to research through data collection.</li> </ul>

197 To be successful in the development of expanded roles for community pharmacy practitioners,  
 198 all pharmacy team members must be trailblazers, early adopters of practice change, and  
 199 actively advocating for pharmacy practice advancement.

**Practice challenges**

200 Although community pharmacists are well equipped to improve therapeutic outcomes and  
 201 patient care, practice challenges exist. Declining reimbursements to pharmacies by insurance  
 202 plans have become increasingly problematic. Since the establishment of performance-based  
 203 pharmacy contracts by Medicare Part D plans in 2012, price concessions charged to pharmacies



204 by insurance plans and pharmacy benefit managers increased 170%.<sup>21</sup> Further, limited payment  
205 of pharmacists for clinical services has led to serious financial strains on community  
206 pharmacies, forcing closures, and has resulted in lack of access to community pharmacy  
207 services in rural settings. Studies showed that 1 in 8 pharmacies closed between 2009 and  
208 2015, a statistic that disproportionately affected independent pharmacies and low-income  
209 neighborhoods.<sup>22</sup>

210 The lack of ready access to a pharmacy, a phenomenon labeled “pharmacy deserts,” is a  
211 persistent practice challenge. In rural areas, travel time to the nearest pharmacy may hinder  
212 access. And although more than 90% of Americans live within 5 miles of a pharmacy, proximity  
213 does not guarantee access.<sup>23</sup> Patients may still be stymied by lack of public transportation,  
214 limited pharmacy hours, or mobility issues. To promote health equity, patients should be  
215 provided easy access to community pharmacy services. Telepharmacy is one option that has  
216 been shown to increase patient access to pharmacy services.<sup>24</sup>

217 Limited revenue for community pharmacies has further been aggravated by a changing  
218 economy and workforce. In a recent report by the National Community Pharmacy Association,  
219 93% of community pharmacists noted their business was affected by inflation. Concurrently,  
220 80% of respondents indicated being affected by supply chain shortages, and more than three  
221 quarters of community pharmacists have experienced staffing shortages recently.<sup>25</sup>

222 Access to patients’ health information also presents a challenge to optimal care, as  
223 community pharmacies often do not have access to the patient’s complete electronic medical  
224 record. To combat this, community pharmacies should pursue access to health information  
225 exchange platforms. Similarly, community pharmacy dispensing records should be accessible in  
226 the EHR.

227 Staffing shortages in the community pharmacy and financial strains impact care. Despite  
228 increasing evidence favoring community pharmacist involvement in advanced clinical services,  
229 uptake is slow. The 2019 National Pharmacist Workforce Study<sup>26</sup> found that services such as  
230 vaccinations, medication assistance programs, medication therapy management, and  
231 medication synchronization are offered in most community pharmacy sites. However, only 43%  
232 of community pharmacy respondents indicated that they provide comprehensive medication  
233 management, 25%, opioid deprescribing; 24%, disease state management; 20%, point-of-care  
234 testing; 19%, injection administration; and 4%, pharmacogenomics testing. The study also  
235 identified high workload and inadequate staffing as the top two stressors for pharmacists.

236 The public perception of the range of roles of pharmacists may also pose a challenge.  
237 Though pharmacists provide a myriad of clinical and operational services, patients are often  
238 unaware of the extent of the role of the pharmacist in the medication-use process.<sup>27</sup> Patients  
239 visiting their local community pharmacy may not see the clinical decisions that pharmacists  
240 make daily and may not be aware that pharmacists act as a part of their interprofessional care  
241 team.

### Leveraging pharmacy technicians

242 As community pharmacists face increased workload demands and limited time, advanced  
243 pharmacy technicians can be utilized as pharmacist extenders, furthering pharmacy practice  
244 and patient care.<sup>28-30</sup>

245 Traditional community pharmacy technician roles include entering prescriptions into the  
 246 pharmacy dispensing system, counting medications, compounding, managing inventory, dealing  
 247 with billing issues and insurance, and providing customer service at the point of sale. Limiting  
 248 pharmacy technicians to only these roles does not utilize their full potential.<sup>29</sup> An advanced  
 249 pharmacy technician is an individual who has responsibilities and tasks that go beyond the  
 250 traditional duties of a standard pharmacy technician and requires a higher level of training,  
 251 expertise, and often additional certifications. Nontraditional and advanced roles for pharmacy  
 252 technicians can contribute to the overall impact of community pharmacy practice in patient  
 253 care.<sup>28,31-34</sup> Some of these advanced pharmacy technician responsibilities are listed in Table 2.  
 254 The role of pharmacy technicians is variable depending on the laws of each state and  
 255 responsibilities highlighted may not encompass all technicians.

256 **Table 2. Advanced pharmacy technician responsibilities in community pharmacy.**

Patient care responsibilities	Operational responsibilities
<ul style="list-style-type: none"> <li>• Administer immunizations and promote vaccine confidence.</li> <li>• Collect medication history.</li> <li>• Conduct point-of-care tests.</li> <li>• Identify and resolve barriers to medication access or care.</li> <li>• Enroll patients in patient assistance programs.</li> <li>• Serve as patient advocate.</li> <li>• Assist with patient adherence efforts.</li> <li>• Leverage patient relationships to promote preventive and essential health services.</li> <li>• Obtain additional training (e.g., as a community health worker).</li> </ul>	<ul style="list-style-type: none"> <li>• Engage in technician product verification and tech-check-tech programs.</li> <li>• Coordinate 340B activities.</li> <li>• Manage billing, prior authorizations, and financial affairs.</li> <li>• Manage pharmacist schedules and consultations.</li> <li>• Supervise ancillary staff.</li> <li>• Provide peer education and training.</li> <li>• Gather data and generate metrics and reports.</li> <li>• Oversee medication inventory and surveillance.</li> <li>• Assist in pharmacy workflow optimization.</li> <li>• Contribute to continuous quality improvement and patient safety efforts.</li> </ul>

257 By redesigning the pharmacy workflow and using pharmacy technicians as pharmacist  
 258 extenders, community pharmacies can optimize the pharmacists’ accessibility and provide  
 259 quality healthcare to their communities. Community pharmacists and leaders should support  
 260 advanced community pharmacy technician training opportunities, which will allow pharmacy  
 261 technicians to elevate their practice and contribute to advanced roles.

**Professional obligations of community pharmacists**

262 Community pharmacists have a long-standing commitment to make a tremendous, positive  
 263 impact in patient care and the communities they serve. To overcome the financial and

264 workforce challenges currently impacting care, community pharmacists have a professional  
265 obligation to be advocates for the pharmacy profession and their practice in the following ways.

266 Community pharmacists should

- 267 • Engage in advocacy efforts, through state and national partners, to advance and protect  
268 the interests of patient care and the pharmacy profession.
- 269 • Continue to pursue educational and training opportunities that further their clinical and  
270 professional skills.
- 271 • Seek opportunities to engage in advanced roles that optimize patient outcomes, patient  
272 safety, operational efficiencies, and fiscal health for their patients and organizations.
- 273 • Commit to being innovators, who adapt to and lead contemporary models of care.
- 274 • Act as positive and ethical role models for their patients, colleagues, and the  
275 community.
- 276 • Serve as mentors and educators for student pharmacists and pharmacy residents,  
277 contributing to succession planning for a diverse and healthy workforce.
- 278 • Encourage the advancement and recognition of pharmacy technician partners.
- 279 • Participate in research evaluating the services that they provide.

### **Conclusion**

280 The role of community pharmacists has evolved significantly. Pharmacists in community-based  
281 settings are operational leaders for the financial sustainability of healthcare institutions as well  
282 as valuable clinicians in providing comprehensive management of patient’s medication therapy  
283 in collaboration with other healthcare colleagues.

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**Additional information**

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